PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents P.O. Box 1458 Alexandría, Virginia 22313-1450 or Fax (571)-273-2885

CURRENT CORRESPONDENCE ADDRESS (Noor Like Black I for any change of address)

05/08/2007

2550

26552

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Pleant, advance orders and notification of immigrationate less will be mailed to the current correspondence address and included unless corrected below or directed orders was an Elbork 1, by (a) specifying a new correspondence address, and/or (b) indirected orders was a labork 1, by (a) specifying a low correspondence address, and/or (b) indirected orders was a labork 1, by (a) specifying a low correspondence address, and/or (b) indirected orders was a labork 1, by (a) specifying a low correspondence address, and/or (b) indirected orders was a laborated orders and a laborate property of the correspondence address and the corr suintenance fee notifications Note: A certificate of mailing cao only be used for domestic mailings of the For(s) Transmittal. This certificate cannot be used for any other accumpanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

AT&T CORP. ROOM 2A207	2,5907 10,700	ALTO:	Certificate of Mailing or Transmission I berelty certify that the Feed) Transmission is being deposited with the United States Pastal Service with setficient coastage for first aliase real in an envelope addressed to the Mail Stop ISSUE FEE address above, or being fassimile transmitted, pin ICSFT0 (271) 272-285, on the date indicated being the second of the Computer of the Comput			
ONE AT&T WA			addi trans		Stop 18SUE FEE address O (371) 273-2885, on the di	above, or being facsimile ste indicated below.
BEDMINSTER,	N3 0/921			X.3.3.3	-C	(Depusion's name)
				But 5		(27u)lerg(il)
			<u> </u>	august	1 2007	(Dard)
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTO		7	ATTORNEY DOCKET NO	CONFIRMATION NO.
10/684,852	10/684,852 10/14/2003		Hong-Goo' Kang		2000-0141CON	3514
TITLE OF INVENTION:	PSEUDO-CEPSTRAL	ADAPTIVE SHORT-T	ERM POST-FILTERS FO	OR SPEECH CODE	RS	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PATO ISSUE	FEE TOTAL FEE/S) DUE	DATE DUE
nanprovisional	NO	\$1400	\$300	\$0	\$1700	08/08/2007
SXAMINER		ART UNIT	CLASS-SUBCLASS			
NG, EUNICE		2626	704-258000			
Change of correspondence address or indication of "Fee Address			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attentives or agents OR, alternatively, (2) the name of a single first (having as a member a revisitered storatory or general and the names of up to			
CFR 1.763). Change of correspondence subjects (or Change of Correspondence Address form PTD/SB/122) stached.						
Address form PTO/SB/122) stached. [] "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-92 or more recent) attached. Use of a Custome						
PTO/SB/47; Rev 03-02 Number is required.	2 or more recent) attach	od. Use of a Customer	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is usted, no name will be pointed.			
3. ASSIGNEE NAME AN	ND RESIDENCE DATA	TO BE PRINTED ON	THE PATENT (print or typ	9e)		
PLEASE NOTE: Unle recordation as set forth	es an assigner is ident in 37 CFR 3 11. Com	ified below, no assignee sletten of this form is NO	data will appear on the po of a substitute for filing an	atent. If an assigne assignment.	e is identified below, the de	ocument has been filed for
(A) NAME OF ASSIG			(B) RESIDENCE: (CITY	and STATE OR CO	OUNTRY)	
ATIT Corp			New York, NY 10013			
Piesse check the appropris	ate assigned estegory of	categories (will not be p	rinted on the patent):	Individual 💹 Cos	poration or other private gro	oup entity O Government
4s. The following fee(s) s	re submitted:	4		ise first reapply an	y przykousty paid lasue fee	shows shove)
issue Fee			☐ A check is enclosed. Payment by credit card. Form PFG-2000 is netterhold. [
Advance Order - 4	o small onthy discount (of Copies (1) (inke	The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 14182 (enclose an extra copy of this form).			
5 Change in Entity State	us (from status indicate SMALL ENTITY state				L ENTITY status See 37 CI	
NOTE: The Issue Fee and interest as shown by the n	Publication Fee Gf see	ened) will not be accepte	d from anyone other than t	he applicant; a regis	fored attorney or agent; or th	se assignee or other party it
intorest as shown by the n	ecotos ot me tranca su	act venue and trademan	k Onice.		3 3	***
Authorized Signature		<u> </u>		Date	<u> 1905î 1,200</u>	I
Typed or primed name	Themse	M. Isaac	50Y1	Registration No		
This collection of informs an application. Confident submitting the completed this form and/or suggestic flux 1450, Alexandria, Virginia 2231 (todo: the Papersant Red	ation is required by 37 (iality is governed by 35 application form to the ses for reducing this bu- riginis 2233-1450, DX 3-7450, button Ast of 1995, no	FR 1.311. The informati U.S.C. 122 and 37 CFR USPTO. Tune will var- rdes, should be sent to the O NOT SEND PEES OR persons are required to re-	en is required to obtain or i 1.14. This collection is as y depending upon the indi- te Chief Information Office COMPLETED FORMS To repond to a collection of ini-	retain a benefit by the timated to take 12 in ridual case. Any cor- er, U.S. Patent and 1 O THIS ADDRESS formation unless it d	te public which is to file (am unuters to complete, includin syncusts on the amount of tis reademark Office, U.S. Dep SEND TO: Commissioner isplays a valid OMB control	I by the USPTO in processing gathering, preparing, and inc your require to complete artiment of Commerce, P.O. for Patents, P.O. Box 1450 inumber.